

SCHEDULE A-P **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

JEB 2016, INC.

A. Full Name (Last, First, Middle Initial)
MR. GEOFFREY S. BERMAN

Mailing Address **245 BROOKS BND**

City	State	Zip Code
PRINCETON	NJ	08540-7531

FEC ID number of contributing
federal political committee.

C

Name of Employer
R. BERMAN DEVELOPMENT CO. LLC

Occupation
DEVELOPER

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

Transaction ID : SA17.130270

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		28		2015

CONTRIBUTION

Amount of Each Receipt this Period

2700.00

B. Full Name (Last, First, Middle Initial)
MR. RANDALL BERMAN

Mailing Address **108 INWOOD AVE**

City	State	Zip Code
MONTCLAIR	NJ	07043-2317

FEC ID number of contributing
federal political committee.

C

Name of Employer
CONTINENTAL FOOD & BEVERAGE, INC.

Occupation
EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3700.00

Transaction ID : SA17.144289

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		03		2015

CONTRIBUTION

Amount of Each Receipt this Period

3700.00

**REATTRIBUTION / REDESIGNATION REQUESTED
(AUTOMATIC)**

C. Full Name (Last, First, Middle Initial)
MS. ALEXIA ISABEL BERMELLO

Mailing Address **5745 RIVIERA DR**

City	State	Zip Code
CORAL GABLES	FL	33146-2750

FEC ID number of contributing
federal political committee.

C

Name of Employer
BAP DEVELOPMENT, INC.

Occupation
VP SALES

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Transaction ID : SA17.153171

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		30		2015

CONTRIBUTION

Amount of Each Receipt this Period

500.00

Subtotal Of Receipts This Page (optional).....

6900.00

Total This Period (last page this line number only)